

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 / 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City  
BIRMINGHAMState  
ALZip Code  
35201

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: SB23.88733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVE

City  
SACRAMENTOState  
CAZip Code  
95841

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.88705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City  
BURLINGTONState  
VTZip Code  
05402Purpose of Disbursement  
2010 GENERAL AT-LARGE

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Transaction ID: SB23.88699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....